

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATHDeath Certificate
11/1/2017 289
LOCAL REGISTRAR COPY

1. NAME: FIRST Lisa		MIDDLE A.		LAST Jenkins		2. SEX: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		3A. DATE OF DEATH: MONTH 08 DAY 10 YEAR 2017		3B. HOUR: 03:11	
4A. PLACE OF DEATH: (Check one) <input type="checkbox"/> HOSPITAL DOA <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify):		4B. IF FACILITY, DATE ADMITTED: MONTH 08 DAY 10 YEAR 2017									
4C. NAME OF FACILITY: (If not facility, give address) 1120 Conklin Rd.						4D. LOCALITY: (Check one and specify) CITY Conklin VILLAGE <input type="checkbox"/> TOWN <input type="checkbox"/>			4E. COUNTY OF DEATH: Broome		
4F. MEDICAL RECORD NO.		4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input type="checkbox"/> NO <input type="checkbox"/> YES									
5. DATE OF BIRTH: MONTH 08 DAY 19 YEAR 1966		5A. AGE IN YEARS: 51 yrs.		5B. IF UNDER 1 YEAR ENTER: months 0 days 0		5C. IF UNDER 1 DAY ENTER: hours 0 minutes 0		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Perth Amboy, NJ		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:	
6. SERVED IN U.S. ARMED FORCES? (Specify years) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. DECEDENT'S HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Mexican/Latino: A <input checked="" type="checkbox"/> No, not Spanish/Mexican/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Mexican/Latino (Specify):						10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese I <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Chamorro or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (Specify) P <input type="checkbox"/> Other Asian (Specify) R <input type="checkbox"/> Other Pacific Islander (Specify) S <input type="checkbox"/> Other (Specify)			
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> 8th grade 2 <input type="checkbox"/> 9th-12th grade, no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input checked="" type="checkbox"/> Bachelor's degree 7 <input type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree		12. SOCIAL SECURITY NUMBER: 8393		13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input checked="" type="checkbox"/> 5		14. SURVIVING SPOUSE: Enter death name of spouse if married or separated. Jay Jenkins					
16A. USUAL OCCUPATION: (Do not alter red ink) Drug/Alcohol Counselor				15B. KIND OF BUSINESS OR INDUSTRY: Counseling				15C. NAME AND LOCALITY OF COMPANY OR FIRM: Singhamton General			
16A. RESIDENCE: (State or Country if not USA) NY		16B. County or Region/Province if not USA: Broome		16C. LOCALITY: (Check one and specify) CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> Conklin		16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, SPECIFY TOWN:					
18D. STREET AND NUMBER OF RESIDENCE: 1120 Conklin Rd.											
17. BIRTH NAME OF FATHER/PARENT: FIRST Alberto MI M LAST Fuentes				18. BIRTH NAME OF MOTHER/PARENT: FIRST Lorrina MI M LAST Uter							
19A. NAME OF INFORMANT: Sean Grace				19B. MAILING ADDRESS: (Include zip code) 116 Prospect Ave. Apt. 5 Singhamton, NY 138							
20A. 1 <input type="checkbox"/> BURIAL 2 <input type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL 4 <input type="checkbox"/> HOLD 5 <input type="checkbox"/> DONATION 6 <input type="checkbox"/> ENTOMBMENT		20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: N. Bradford Crematory		20C. LOCATION: (City or town and state) S. Waverly, Pa.		21B. REGISTRATION NUMBER: 00028		22C. REGISTRATION NUMBER: 10689			
21A. NAME AND ADDRESS OF FUNERAL HOME: Aegis Cremation & Funeral Services				21C. ADDRESS: 196 Clinton St. Singhamton, NY 13905				21D. REGISTRATION NUMBER: 00028			
22A. NAME OF FUNERAL DIRECTOR: James Coletta				22B. SIGNATURE OF FUNERAL DIRECTOR: James Coletta				22C. REGISTRATION NUMBER: 10689			
23A. SIGNATURE OF REGISTRAR: Sherrice L. Jacobs				23B. DATE FILED: MONTH 08 DAY 14 YEAR 2017		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Sherrice L. Jacobs		24B. DATE ISSUED: MONTH 08 DAY 14 YEAR 2017			
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN - OR - CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER											
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Stacey Rendell MD PhD License No.: F3815535 Signature: Stacey Rendell Certifier's Title: <input checked="" type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner Address: 60 Hawley St. 6th Floor, Binghamton											
25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: 1000000000 Signature: 1000000000 Address: 1000000000											
25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: 1000000000 Signature: 1000000000 Address: 1000000000											
26A. Attending physician attended deceased: FROM MONTH 08 DAY 10 YEAR 2017 TO MONTH 08 DAY 10 YEAR 2017											
26B. Deceased last seen alive by attending physician: MONTH 08 DAY 10 YEAR 2017											
26C. Pronounced Dead: MONTH 08 DAY 10 YEAR 2017											
27. MANNER OF DEATH: NATURAL CAUSE <input type="checkbox"/> 1 ACCIDENT <input checked="" type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input checked="" type="checkbox"/> 6											
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES											
29A. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES											
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART I. IMMEDIATE CAUSE: Acute Opiate Toxicity DUE TO OR AS A CONSEQUENCE OF: Oxycodone Misuse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):											
31A. IF INJURY, DATE: MONTH 08 DAY 10 YEAR 2017 HOUR: 3:11 P.m.											
31B. INJURY LOCALITY: (City or town and county and state) Conklin, Broome, NY											
31C. DESCRIBE HOW INJURY OCCURRED: Overdose											
31D. PLACE OF INJURY: Home											
31E. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
31F. DATE OF DELIVERY: MONTH 08 DAY 10 YEAR 2017											
31G. DATE OF DELIVERY: MONTH 08 DAY 10 YEAR 2017											

the Registrar of Vital Statistics, Town of Conklin, Conklin, New York
Date of Issue: 8/12/2017 Certified by: Sherrice L. Jacobs
Sherrice L. Jacobs, Registrar